

# State of South Carolina

Amendment No. One

Solicitation Number:
Date Issued:
Procurement Officer:
Phone:
E-Mail Address:

5400002478 – Re-Bid 01/25/2011 MICHELLE ROBINSON 803-898-3469 robinsma@dhec.sc.gov

DESCRIPTION: Services of Centers for Disease Control (CDC)/Food and Drug Administration (FDA) approved and South Carolina Board of Pharmacy registered pharmaceutical re-packager/re-labeler

USING GOVERNMENTAL UNIT: South Carolina Dept. of Health and Environmental Control

SUBMIT YOUR OFFER ON-LINE AT THE FOLLOWING URL: http://www.procurement.sc.gov

The Term "Offer" Means Your "Bid" or "Proposal". Your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.

SUBMIT OFFER BY (Opening Date/Ti	me): 02/10/2011 a	at 2:30:00	PM (See "Deadline For Submission Of Offer" provision)		
NUMBER OF COPIES TO BE SUBMI	TTED: 1 Original	and 1 Copy	by marked as "Copy"		
CONFERENCE TYPE: Not Applicable DATE & TIME:			LOCATION: Not Applicable		
(As appropriate, see "Conferences - Pre-Bid/Proposal" & "	Site Visit* provisions)				
AWARD & Award will be posted on 02/15/2011. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <a href="http://www.scdhec.gov/procurement">http://www.scdhec.gov/procurement</a>					
nless submitted on-line, you must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, ou agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) lendar days after the Opening Date.  (See "Signing Your Offer" and "Electronic Signature" provisions.)					
Minus or off Ends		Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.			
AUTHORIZED SIGNATURE		TAXPAYER IDENTIFICATION NO.			
(Person must be authorized to submit binding offer to cont	norized to submit binding offer to contract on behalf of Offeror.) (See "Taxpayer Identification Number" provision)				
TITLE		STATE VENDOR NO.			
(business title of person signing above)		(Register to O	Obtain S.C. Vendor No. at www.procurement.sc.gov)		
PRINTED NAME	DATE SIGNED	STATE C	OF INCORPORATION		
(printed name of person signing above)		(If you are a c	a corporation, identify the state of incorporation.)		
OFFEROR'S TYPE OF ENTITY: (Che					
Sole Proprietorship	Partnership	¥	Other		
Corporate entity (not tax-exempt)	Corporation (tax-	exempt)	Government entity (federal, state, or local)		

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#### **PAGE TWO**

(Return Page Two with Your Offer) HOME OFFICE ADDRESS (Address for offeror's home office / NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause) principal place of business) Area Code -Facsimile Number - Extension mail Address ORDER ADDRESS (Address to which purchase orders will be sent) PAYMENT ADDRESS (Address to which payments will be sent.) (See "Purchase Orders and "Contract Documents" clauses) (See "Payment" clause) Order Address same as Home Office Address Payment Address same as Home Office Address Order Address same as Notice Address (check only one) Payment Address same as Notice Address (check only one) ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision) Amendment Issue Amendment No. Amendment Issue Amendment Issue Amendment No. Amendment Issue Amendment No. Amendment No. Date Date Date Date Calendar Days (%) 20 Calendar Days (%) 30 Calendar Days (%) 10 Calendar Days (%) DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause) PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at www.procurement.sc.gov/preferences. ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS **CONSEQUENCES.** [11-35-1524(E)(4)&(6)] PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)). In-State Office Address same as Home Office Address In-State Office Address same as Notice Address (check only one)

#### **AMENDMENT #1**

**Description:** Services of Centers for Disease Control (CDC)/ Food and Drug Administration (FDA) approved and South Carolina Board of Pharmacy registered pharmaceutical re-packager/re-labeler.

**Solicitation No.** 5400002478 – Re-Bid

AMENDMENTS TO SOLICITATION (DHEC – FEB 2007) – (a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: <a href="http://www.scdhec.gov/procurement">http://www.scdhec.gov/procurement</a> (b) Offerors shall acknowledge receipt of any Amendment to this solicitation (1) by signing and returning the amendment (2) by identifying the amendment number and date in the space provided for this purpose on Page Two,(3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

The solcitation is amended as follows:

Addition of Attachment B: State Purchased Aniviral Medication to be re-packaged and re-labeled.

### Attachment B

## STATE PURCHASED ANTIVIRAL MEDICATION

Relenza			
8/8/2006	1091 courses	7ZP1610	Unsubsidized
9/29/2006	14,478 courses	0412	Subsidized
Tamiflu			
8/28/2006	23,388 courses	U2064	Unsubsized
9/29/2006	310,542 courses	U4039/U4038	Subsidized
12/19/2007	110,461 courses	U4084	Subsidized (n/c exp date)
Relenza 7ZP1610	6/2012 to 6/2014	44cs X 16/cs	704
Relenza 0412	3/2012 to 3/2014	1266cs X 16/cs	20,256
		Total Relenza	20,960
Tamiflu U2064	8/2011 to 8/2013	315cs X 48/cs	15,120
Tamiflu U4039/38	11/2011 to 11/2013	6224cs X 48/cs	298,752
		Total Tamiflu	313,872
		Total to be relabeled	334,832 courses